FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

OMB APPROVAL

OMB Number: 3235-0076 April 30, 2008 Expires:

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FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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Name of Offering (check if this is an amendment and name has changed, and indicate change.) GameLayers. Inc 2007 Preferred Offering	CEIVENCE						
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ৰ্ক						
Type of Filing: New Filing Amendment	2 2007						
A. BASIC IDENTIFICATION DATA							
1. Enter the information requested about the issuer	Re						
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)							
GameLayers, Inc.	<u>/ · · · · · · · · · · · · · · · · · · ·</u>						
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Nu	mber (Including Area Code)						
1 Lombard Street, Suite 303, San Francisco, CA 94111 (510) 393-93	390						
	imber (Including Area Code)						
(if different from Executive Offices)							
Brief Description of Business							
Internet and mobile social network and entertainment services							
	PROCECCED						
Type of Business Organization	THOUSOSED						
corporation limited partnership, already formed other (please specify):	OCT 4.7 asset						
business trust limited partnership, to be formed	OCT 17 2007						
Month Year	THOMSON						
Actual or Estimated Date of Incorporation or Organization: 0 7 0 7. X Actual Estimated							
FINANCIAL Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:							
CN for Canada; FN for other foreign jurisdiction)							

GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENDION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A. BASIC ID	ENTI	FICATION DATA			
2. Enter the information i	equested for the fo	ollowing:					
		ssuer has been organized v					
 Each beneficial or 	wner having the pov	wer to vote or dispose, or d	irect th	e vote or disposition o	f, 10% or more of	a clas	s of equity securities of the issuer.
Each executive of	fficer and director of	of corporate issuers and o	f corpo	rate general and mana	aging partners of	partne	rship issuers; and
 Each general and 	managing partner of	of partnership issuers.					
Check Box(es) that Apply:	Promoter	Beneficial Owner	×	Executive Officer	m Director		General and/or Managing Partner
Full Name (Last name first,	if individual)						
Hall, Juštin A.						٠	
Business or Residence Addi	ess (Number and	Street, City, State, Zip C	Code)		-		
1 Lombard Street, Suite	303, San Franci	isco, CA 94111	· ·				
Check Box(es) that Apply:	Promoter	Beneficial Owner	X	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)						
Hammon, Merci	1 / Jak				:	•	
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip C	Code)				
1 Lombard Street, Suite	303, San Franci	isco, CA 94111	•	<u> </u>		٠.	
Check Box(es) that Apply:	· Promoter	Beneficial Owner	X	Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first,	if individual)						
Gough, Duncan					3 4 3	٠.	
Business or Residence Add			Code)				
1 Lombard Street, Suite	303, San Franci	isco, CA 94111	,				<u> </u>
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	M Director		General and/or Managing Partner
Full Name (Last name first,	if individual)						
Roberts, Bryce							
Business or Residence Add		Street, City, State, Zip C	Code)		٠		
1 Lombard Street, Suite	: 303, San Franci		· · ·			(- ·	Consol andles
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	. []	Executive Officer	Director	<u> </u>	General and/or Managing Partner
Full Name (Last name first,	if individual)			,			
OATV LP			9	· · · · · · · · · · · · · · · · · · ·		1.7	The state of the s
Business or Residence Add	- i -	d Street, City, State, Zip (Code) _	· ·			• • • • • • • • • • • • • • • • • • • •
1 Lombard Street, Suite	303, San Franc	isco, CA 94111.	•		· <u> · · · · · · · · · · · · · · · · ·</u>		
Check Box(es) that Apply:	_ Promoter	Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first	, if individual)	445			. 14 14 14 T	-	ing the confidence of the second of the seco
Ito, Joichi							
Business or Residence Add	ress (Number and	d Street, City, State, Zip	Code)				المسرحمات ودارا إخرار
2772 Iwato, Inba-mura	Inba-gun; Chib	a 270-1616. Japan			وأعجوا ومستر	; - <u>, </u>	The state of the s
Check Box(es) that Apply:	Promoter	Beneficial Owner		Executive Officer	Director		General and/or Managing Partner
Full Name (Last name first Wolpert, Richard				tion of a state of the	Her of the street	1, ,	n y sandalah kendiri k
Business or Residence Add	و فاستروق ودو		Code)		و الرواي ال		
31632 Foxfield Drive,		e, CA 91361	e addit	tional conies of this sl	heet as necessary	<u>፡፡/`</u> ነ	

	B. INFORMATION ABOUT OFFERING												
						<u></u>						Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?							×						
Answer also in Appendix, Column 2, if filing under ULOE. 2. What is the minimum investment that will be accepted from any individual?						~ co`c	voč						
2.	What is	the minim	um investm	ent that wi	ill be acce	pted from a	ny individu	ıa1?				\$ 50,0	
•	D 4	. 66			f . sins	le unit?						Yes [x]	No □
3.						vho has bee							О
4.	commiss	ion or simi	ilar remune	ration for se	olicitation	of purchase of purchase ont of a brok	rs in conne	ction with	sales of sec	urities in th	ie offering.		
	or states	list the na	me of the b	roker or de	aler. If me	ore than five	: (5) person	s to be list	ed are assoc	ciated perso	ons of such		
=						ion for that							
Full	Name (L Applies	ast name i	first, if ind	(Vidual)		ity, State, Z				,		••	
Bus	iness or I	Residence	Address (N	umber and	Street, C	ity, State, Z	ip Code)	<u> </u>		• •			
		•										*	•
Nan	ne of Ass	ociated Br	oker or De	aler			-						
		*			<u>.</u>	<u>.</u>	•				Ç.	•	
Stat	es in Wh	ich Person	Listed Has	Solicited	or Intend:	s to Solicit I	Purchasers						
	(Check	'All States	" or check	individual	States)							☐ AI	1 States
	[AL]	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ΗÏ	ID
	TL	IN	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH	OK	OR	PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR
			E -4 161-1	:: d1\							<u> </u>		-
Full	Name (I	ast name	first, if ind	ividuai)			•						
 Bus													
					4	Jity, State,			<u> </u>		- 1		
Nar													: .
<u>.</u>		· · · <u></u>			·	- A- C-1:-ia	Dunchases	·	· · ·		<u></u>		. <u> </u>
Stai						s to Solicit						□ A	II States
	(Check	"All States	or check	individual	States)				***************************************		••••••	۰۰۰ نیا	
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
	IL	[IN]	ĪA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	OH)	OK	OR WY	PA PR
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	<u>W 1</u>	(LK)
Ful	Name (Last name	first, if ind	ividual)		· · · · · ·							
3		وبقائه سائمه		C P Fire C						11 / A		• • •	
D	Business or Residence Address (Number and Street, City, State, Zip Code)												
<u> </u>	Business of Residence Address (Number and Street, City, State, 21)												
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)							ll States						
AL AK AZ AR CA CO CT DE DC FL GA								HI	ID				
			IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОН	OK	OR	PA
	RI SC SD TN TX UT VT VA WA WV WI										WY	PR	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

. C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and	τ		
	already exchanged.	Aggrega	te	Amount Already
	Type of Security	Offering P	rice	Sold
	Debt	\$: :	\$
	Equity	\$ 500,000		\$ 500,000
	Common R Preferred			
	Convertible Securities (including warrants)	<u>\$</u>	·, -	\$ <u></u>
	Partnership Interests	\$		\$
	Other (Specify)	\$		s
	Total			\$ 500,000
	Answer also in Appendix, Column 3, if filing under ULOE.			
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:		Accrecate
		Number Investor	s	Aggregate Dollar Amount of Purchases
	Accredited Investors	3-		\$ 500,000
	Non-accredited Investors	- ; .	;	\$
	Total (for filings under Rule 504 only)		;	\$ 500,000
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	S S		
	Type of Officing	Type of Security		Dollar Amount Sold
	Type of Offering Rule 505	- es - es - 3		•
		The second second	<u></u> -	C
	Regulation A			<u> </u>
	Rule 504			3
	Total		<u>···</u>	3
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•		المناجعة في
	Transfer Agent's Fees			\$
	Printing and Engraving Costs	•••••		\$
	Legal Fees	•••••	×	\$ 75,000
	Accounting Fees			\$
	Engineering Fees		•	\$
	Engineering Fees			\$ <u> </u>
	Other Expenses (identify)			s '
	Total		×	\$ 75,000

	C. OFFERING PRICE, NUMBER	OF INVESTORS, EXPENSES AND USE	OF PROCEEDS	
	b. Enter the difference between the aggregate offering and total expenses furnished in response to Part C — Que proceeds to the issuer."	estion 4.a. This difference is the "adjusted p	aross	§ 425,000
5.	Indicate below the amount of the adjusted gross procee each of the purposes shown. If the amount for any p check the box to the left of the estimate. The total of the proceeds to the issuer set forth in response to Part C	urpose is not known, furnish an estimate payments listed must equal the adjusted g	and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		k <u>\$ 235,000</u>	. 🗆 \$
	Purchase of real estate		S	. 🗆 \$
	Purchase, rental or leasing and installation of machin and equipment	егу	S	. 🗆 \$
	Construction or leasing of plant buildings and faciliti			
	Acquisition of other businesses (including the value offering that may be used in exchange for the assets of issuer pursuant to a merger)	or securities of another		
	Repayment of indebtedness			
	Working capital			
	Other (specify):		\$	
			 	. 🗆 \$
	Column Totals		¥ \$ 235,000	¥\$ <u>190,000</u>
	Total Payments Listed (column totals added)		25,000	
Г		D. FEDERAL SIGNATURE		
sig the	e issuer has duly caused this notice to be signed by the una nature constitutes an undertaking by the issuer to furnis information furnished by the issuer to any non-accred	to the U.S. Securities and Exchange Co ited investor pursuant to paragraph (b)(2	mmission, upon writte) of Rule 502.	tle 505, the following on request of its staff
	uer (Print or Type) Si meLayers, Inc.	gnature	October 11, 200	7
		itle of Signer (Print or Type) \ resident		_

END